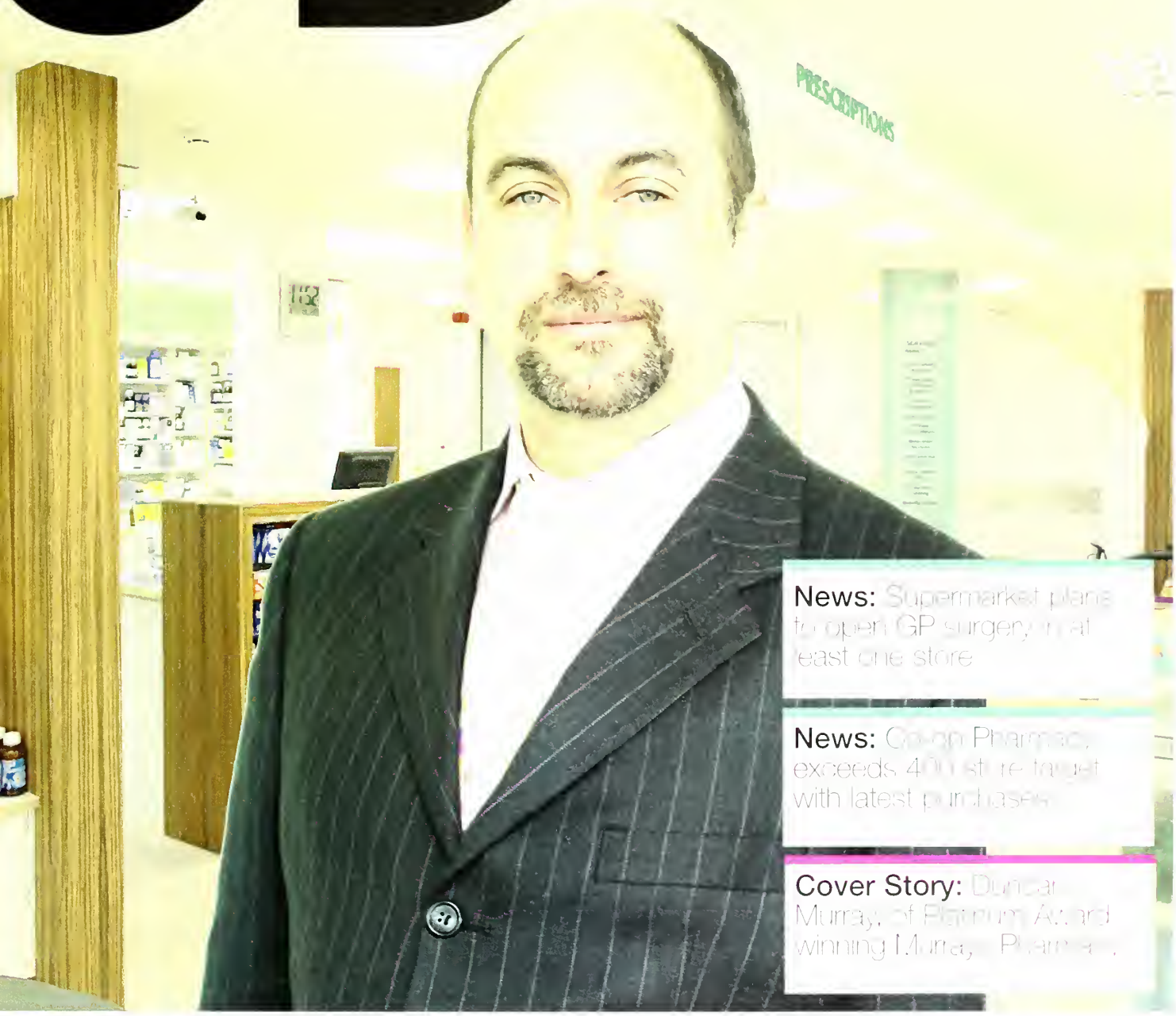
C+D

8 July 2006

Chemist+Druggist



News: Supermarket plans to open GP surgery in at least one store

News: Co-op Pharmacy exceeds 400 store target with latest purchases

Cover Story: Duncan Murray, of Platinum Award winning Murray's Pharmacy,

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Cover picture: Duncan Murray of Platinum Award winning Murra Pharmacy – see page 26

Supermarket cranks up primary care pressure with GP plan

Retailing Retail giants are seeking new ways to expand their healthcare roles

Tom Hawkins

Competition between primary care health providers is poised to intensify after two multiples revealed ambitious plans to expand their role in primary care this week.

Sainsbury's, which has 161 in-store pharmacies, confirmed that it is in discussion with the government over opening the first doctor's surgery within a supermarket and is currently looking for potential sites.

A company spokesperson said: "We have responded positively to the government's interest in GP surgeries and we are committed to working with them on delivering at least one GP surgery in store."

In addition, the Co-operative Group said it is looking at expanding its role in the primary care sector.

Neil Braithwaite, general manager for Co-operative Group Pharmacy, said the new contract had put a "stake in the ground" for pharmacy, placing an increasing emphasis on service and away from simple prescription fulfilment.

Sainsbury's talks may lead to first in-store GP surgery

Speaking to C+D, he said: "The logical extension is a more direct involvement in primary care. We are looking at potential opportunities in that area." He added that a number of the Co-op's competitors were exploring similar possibilities.

PCTs can award primary medical care contracts to corporate bodies on an ad hoc basis via alternative provider medical services (APMS) contracts. Doctors have expressed concern at the notion of supermarket surgeries, arguing that care would be compromised by the sale of tobacco and alcohol in the same premises.

The Department of Health said PCTs were free to locate new services in line with local demand, although it had "no central policy direction to locate health clinics in supermarkets".

Advert withdrawn

The DH was under fire last week after the lid was lifted on plans for PCTs to be influenced by commercial firms.

Health unions Amicus, the GMB, the Royal College of Nursing, TGWU and Unison have scheduled a meeting on July 12 to discuss the proposals, which were exposed by The Guardian and The Times newspapers after they appeared in the EU's official journal.

The advertisement was later withdrawn with the admission that it contained drafting errors.

Health secretary Patricia Hewitt denied the proposals were the first step to privatisation of the NHS. She added that PCTs would remain "public, statutory bodies" but that they could buy in "management and support services".

Win a weekend in Barcelona. See insert ›

NHS issues guide to PBC and pharmacy

Practice Pharmacists have a significant role to play in new services

Asha Fowells

The NHS has outlined the role pharmacists can play in practice based commissioning (PBC).

The Primary Care Contracting (PCC) bulletin is for service commissioners, such as primary care organisations and GPs, but is also a useful resource for pharmacists looking to become involved in PBC. It stresses the importance of collaboration between all professional groups, and of pharmacists in both service commissioning and delivery.

Understanding of PBC both by and for pharmacy is described as "still evolving", but PCC provides a list of top tips (see panel). It adds that a range of services should be developed alongside, or integrated into, PBC. Prescribing – both supplementary and independent – has "enormous potential", as have self-care and medicines management.

There is further information at www.primarycarecontracting.nhs.uk

PBC: Top tips to maximise pharmacy's potential

1. Link the local commissioning and pharmacy strategies.
2. Ensure professionals and patients know how to find out about PBC plans.
3. Facilitate contact between PBC stakeholders.
4. Encourage collaborative working.
5. Consider how pharmacy can add value to local development plans.
6. Start small but think big to make it happen.
7. Spread best practice.
8. Forge effective partnerships.
9. Ensure PBC is fair, transparent and conforms to governance standards.
10. Implement monitoring and audit processes.

How is PBC going in your area?

"We're looking at how pharmacy can support, either through existing services or developing new ones, the five defined workstreams. For example, for sexual health we're looking at building on EHC and putting in chlamydia screening and a wider public health programme. The response from the commissioners has been very positive."
Mike Holden, Hampshire & Isle of Wight LPC

"We need to develop lines of communication with GP surgeries and say 'This is what we can do'. GPs are well ahead in coming up with business plans and we have to compete with them."
Steve Freedman, Sheffield LPC

CD guidance

England DH advice on record keeping

Running balances and stock reconciliation are among the points covered in DH guidance on controlled drugs issued this week.

The interim guidance – applicable to England only – outlines changes to CD record keeping requirements under the updated Misuse of Drugs Regulations. The key points are:

- From this month, CD registers may include running balances and prescriber and dispenser details. Likely to become mandatory when electronic registers are in widespread use.
- Computerised CD registers should enable the authors of all entries to be identified, prevent retrospective alteration, and be auditable. Likely to become mandatory, with added requirements at a later date.
- CD stock reconciliation should form part of a pharmacy's standard operating procedures.

There is more information at www.tinyurl.com/rmujm **AF**

Purple rain: Weleda's Garden of Wellbeing earned a bronze medal at this week's Hampton Court flower show. Designed by plant expert Anny König, the garden features many of the herbs and traditional healing plants used in Weleda's range of natural products. A novel aspect of the design was the deep purple water in the pond, which not only gave it depth and reflectivity, but also prevented the algae growth seen in many of the other gardens as a result of the heat. Pictured is yoga expert Anne-Marie Newland in the garden

Co-op Pharmacy hits 400-store target with double acquisition

Retailing New purchases are part of the group's ongoing expansion plans

Tom Hawkins

Co-op Pharmacy has snapped up 30 pharmacies to become the UK's fourth largest chain.

The group purchased 20 stores, largely in Leicestershire and Nottinghamshire, from Gordon Davis (Chemists) and 10 branches in the North East from Raygale Chemists.

The acquisitions, for undisclosed sums, swell Co-op Pharmacy to a total of 429 branches. Only Boots, Lloydspharmacy and Alliance Pharmacy have more.

General manager Neil Braithwaite said the additional stores were part of the Co-op's plan to expand by hoovering up smaller groups with links to local PCTs. The company would then look at developing enhanced services.

He told C+D: "The new contract was clearly a turning point for a lot of people in crystallising their own strategy in developing their business or, depending where they're at, crystallising their decision to sell."

The combined workforce of 311 will transfer to Co-op. Mr Braithwaite said the businesses would continue to operate as normal and that no redundancies were planned.

Savings are expected to come through the Co-op supply chain's purchasing power.

The company's ongoing rebranding programme is also forecast to lift sales, particularly in the Gordon Davis outlet areas where Co-op has a strong presence in food retail.

Mr Braithwaite said the group would continue to look at acquiring strong performing pharmacies that could be improved by adding enhanced services.

"We're active, ambitious and will continue to grow at a time that is right. We do have the support of the group when opportunities arise," he said.

Neil Braithwaite: still looking to buy

News in brief

Co-op cuts branches

United Co-op is shutting two branches of the P Williams pharmacy chain it bought last month.

The P Williams headquarters and World of Babies store in Nantwich, Cheshire will close this August.

A company spokesperson said "We're talking to the 26 P Williams staff about alternative roles within our healthcare division."

Yes for Boots merger

Over 98 per cent of shareholders at Boots and Alliance UniChem (AU) have backed the proposed £7 billion tie-up.

Investors also approved the appointment of AU's Stefano Pessina as a director at the renamed Alliance Boots Plc. The merger is expected to be completed on July 31, according to Boots.

Green energy supply

Lloydspharmacy has selected an eco-friendly energy firm to supply its Coventry head office.

Green Energy UK, which puts 50 per cent of its profits towards developing renewable energy, will supply Lloydspharmacy's headquarters and the John Bell & Croyden business in London.

Rochford Co-op raided

Thieves made off with over £1,000 in controlled drugs during a raid at an Essex pharmacy.

Criminals pocketed diazepam, morphine and methadone from the Co-op Pharmacy in Rochford. Perfumes and OTCs were also taken during the after hours raid, reported pharmacist Mukesh Patel.

"I was shocked to discover the mess they'd left in the morning. But you just have to get on with it," he said.

Diabetes service grows

Lloydspharmacy is trialling two extensions to its diabetes management service. HbA1c monitoring, enabling pharmacists to identify long-term blood glucose control, and a results text service, to aid patients' self-care. To date, the company has conduct over 830,000 free diabetes te the UK and referred more th 43,000 patients to their G

Integrate pharmacy with primary care, says RPSGB president

Policy Government's reforms must incorporate pharmacy

Asha Fowells

Pharmacy needs integrating with the rest of primary care if the government's vision of healthcare outside hospitals is to be realised, said the Royal Pharmaceutical Society's president this week.

Hemant Patel outlined practice based commissioning (PBC), differences between the GP and pharmacy contracts, funding and patient information, as the major barriers preventing pharmacists becoming part of the primary care team. However, he stressed that pharmacists wanted to contribute more and gave examples of schemes that were improving patient care.

Mr Patel was speaking at an evidence session held jointly by the All-Party Parliamentary Groups on Primary Care & Public Health and Social Care. Their inquiry is considering how the proposals set out in the Department "Our Health, Our Care, Our Say" document will be implemented (C+D, Jun 24, p10).

Pharmacists had worked hard to develop, and secure funding for, patient focused services, but these were being jeopardised by PBC's introduction, said Mr Patel. Similarly, budgetary restraints meant some services didn't get beyond the pilot stage, despite their success.

He also highlighted a lack of working between GPs and pharmacists – due partly to a lack of electronic connectivity,

Hemant Patel: we want to do more

but also because the new contracts for both professions offered few incentives for multidisciplinary working.

Pre-reg top-up

Scotland Trainee payments

Pharmacies in Scotland that take on a pre-registration trainee for 2006-07 will receive top-up payments.

The extra funding comes as the Scottish Executive Health Department reviews arrangements for pre-registration places ahead of the 2007-08 intake. NHS boards are asked to confirm by July 21 the number of training positions funded for 2005-06 that will be spent partly or wholly in community or hospital.

For more information, email james.white@scotland.gsi.gov.uk or telephone 0131 244 3433.

Mercy mission: A survivor of last October's Pakistan earthquake receives medicines donated from UK drugs firms, including Almus Pharmaceuticals. The generics supplier sent 6,150 packs of erythromycin, bendroflumethazide, furosemide and prednisolone. The drugs contributed to doctor travel packs distributed by medical aid charity International Health Partners

News in brief

AAH guide for Scotland

AAH has launched a guide to the first two core services of Scotland's new pharmacy contract.

Available to all AAH customers north of the border as a free download, the toolkit includes advice on delivering the minor ailments and public health services. Non-AAH customers should contact the Vantage team on 02476 432836 or email sam.gwynne@aah.co.uk

Discipline rethink

Changes to the NHS Scotland discipline committees aim to make the hearing process fairer to practitioners. The developments include:

- Boards now have 13 weeks in which to make a determination, after receiving a discipline committee report.
- The time limit for referral to a discipline committee will not start until the inquiry or investigation has been concluded or until the NHS board has received the report.
- Discipline committees will now comprise three rather than seven members.

See www.tinyurl.co.uk/1xpg for more details.

Prescribing info pack

An online information pack on pharmacy prescribing has been launched by the RPSGB, designed for both supplementary and independent prescribers. It can be found in the World of Pharmacy section on www.rpsgb.org

Pharmacists are far away from PCT boards, minister admits

Politics 'Patchiness' in community pharmacists' involvement by PCT in planning and commissioning

There is a "long way to go" in bringing community pharmacies into the strategic planning of PCTs, health minister Ivan Lewis has admitted during a parliamentary debate on primary care.

Mr Lewis was responding to a call by Howard Stoate, Labour chair of the All Party Pharmacy Group, for community pharmacists to be given a mandatory seat on the board of PCTs. He said: "If I am honest, we have a long way to go towards creating a more central role for them.

"I suspect that if we looked through the country, we would find that there was a 'patchiness' in the extent to which PCTs put community pharmacists at the centre of their planning and commissioning. I agree that we should think far more seriously about it."

Ivan Lewis: there's still a long way to go

Speaking at the three-hour back bench debate on primary care trusts, Mr Stoate told the minister for care services that it was currently quite rare to find pharmacists involved in the decision-making process at PCT level. As a result, they lack any real say in defining local healthcare and clinical priorities. However, a more strategic role for pharmacists would enable PCTs to:

- Make the best use of community pharmacists' skills.
- Fulfil government strategy for reducing health inequalities.

Mr Stoate also reminded the minister that the consultation carried out prior to publication of the white paper showed that the public wanted pharmacists to have an increased role in providing support, information and healthcare. He said: "Although some PCTs have used their commissioning powers to great effect, others have been very slow to grasp the new strategic responsibilities. I want to make sure that that is addressed as a matter of urgency in future." CB

Lasting relief for pharmacists.

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TEVA

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Trade yet to recover from July 7 blasts, say London pharmacists

Retailing Tough trading conditions attributed to worried customers and fewer tourists

Max Gosney

London pharmacies caught up in the July 7 bombings are still stuck in a sales slump more than a year after the terrorist attacks.

Many contractors who aided bomb blast victims said business had been blighted since last summer.

"There's been a very slow take up for the season. Tourists usually come in for their medicines, but the numbers are down. There's been a general slump," said Jeffrey Walsh, proprietor of Devonshire Pharmacy at Edgware, which acted as a makeshift communication centre for emergency services called to the Edgware Road tube blast.

Tough trading conditions had also hit pharmacies in Holborn, local contractors told C+D. "We are seeing far fewer tourists coming over because they are scared. It's been bad for business," said Jitandra Kanjee, pharmacist at RiteChem Pharmacy, who heard the number 30 bus explode in Tavistock Square last July.

Pradip Patel, proprietor of nearby Holborn Pharmacy, added: "A few of my customers won't come to the pharmacy during rush hour. I think people have changed their habits since July 7. You sense a fear that people don't know what may happen next."

Devonshire Pharmacy acted as a makeshift centre for emergency services

However, other contractors in the capital claimed that customer confidence had returned.

"Things were difficult right up until February. But now we are back to normal," said Kirti Patel, pharmacist at John Walker Pharmacy near Russell Square, which provided £300 of emergency dressings to rescue services following the bombings.

Staff had responded superbly since the July 7 attacks, stressed Mr Patel. "For months after the bombings we had people walking into the pharmacy and breaking down. My staff gave immediate counselling and we've had lots of appreciation from the local community," he said.

RPSGB group for Health Bill

Policy Working group will formulate Society's options

The Royal Pharmaceutical Society's Council has set up a working group to consider issues covered by last year's Health Bill.

Chaired by Council member Martin Astbury, the group's remit is to formulate the Society's preferred options for regulations on supervision, personal control and skill mix. The group is working with other pharmacy organisations to inform its view, including the Pharmacists' Defence Association, which was due to make a presentation on remote supervision this week.

From parliamentary debates about the Health Bill, it looked as though some form of consultation about the regulations would take place, said David Pruce, RPSGB practice and quality improvement director. This meant that the new regulations weren't likely to be finalised for another 12 to 18 months, he added.

During a reading of the Bill in the House of Lords last week, Earl Howe queried if patient safety would be compromised if a pharmacist was absent from a pharmacy. He argued against remote supervision technology, saying it would just add another potential source of error. **AF**

Men's health project potential

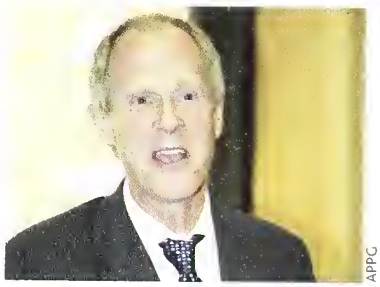
Policy Pharmacy should play more important role

An MP has sounded a rallying call to pharmacists to help tackle the hidden epidemic of men's health problems. Dr Howard Stoate gave his backing to an awareness campaign in his constituency in Dartford where pharmacists used a prompting leaflet, developed in conjunction with the PCT, as an information tool and discussion point with patients.

Dr Stoate said the project, which ran during Men's Health Week in June, highlighted the important role of pharmacy as a local health resource. He told C+D: "There's a big untapped possibility for pharmacy to get more involved."

Men's health, particularly mental health, is recognised as an under-diagnosed area. A survey for the Men's Health Forum by YouGov found that more than 18 million men could be affected by mental health problems.

Dr Stoate has called for the government to fund a detailed investigation into male psychological distress levels and for more male-friendly services to be made available.



APPG

Howard Stoate: backed pharmacy campaign

"The government is putting a lot of money in but what we need to do is come up with radically new ideas," he said. "There are things that pharmacists can do that haven't even been thought of before."

Dr Stoate is leading the All-Party Pharmacy Group's inquiry into the future of the industry. From June 30, stakeholders have been able to take part by downloading a questionnaire from www.appg.org.uk **TH**

What's pharmacy's future? See page 10 ›

Enlarged Actavis offers more choice for pharmacists

Industry Consistency and cost savings for customers

Generics supplier Actavis has pledged to boost its pharmacy services package after completing its union with Alpharma.

The Icelandic firm, which acquired rival Alpharma in a $810 million deal last December, plans to deliver consistency and cost savings to its customers, claimed Sara Vincent, Actavis' UK manager. "The consolidation with Actavis brings global efficiency to the business. We're going to leverage that in the UK to be competitive across our product range," she said.

Pharmacists could also expect greater product choice following the integration of the two companies, Ms Vincent told C+D.

"The switch to Actavis is now starting to be real for former Alpharma customers. I expect us to add around 20 new generic products this year and we intend to boost our OTC offering," she added.

The comments come as Actavis contested the takeover of Croatia-based pharmaceutical firm Pliva. The company raised its offer to £2.3 billion to counter a bid from rival Barr Pharmaceuticals. **MG**

Sara Vincent: Generics and OTCs boosted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GlaxoSmithKline
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Our powerful, pharmacy only painkillers
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Blue sky thinking will inform APPG inquiry

YOUR PHARMACY YOUR FUTURE

Practice All-Party Pharmacy Group wants to hear from pharmacists

The All-Party Pharmacy Group has published a questionnaire to support its recent inquiry into the future of pharmacy (C+D, June 24, p7).

The questionnaire has 10 sections in which respondents may like to comment. However, these are not intended to be exhaustive and the APPG says it is particularly keen to listen to new thinking.

Section 10, for example, is entitled 'blue sky thinking' and is an opportunity for respondents to think radically about pharmacists' role in entirely new healthcare services. It asks: "Are there completely new areas of patient care and provision of services in which neither pharmacists nor any other health professionals are engaged, but could be undertaken by pharmacists? If so, are there barriers preventing such developments and what needs to be done to remove those barriers?"

The other sections cover:

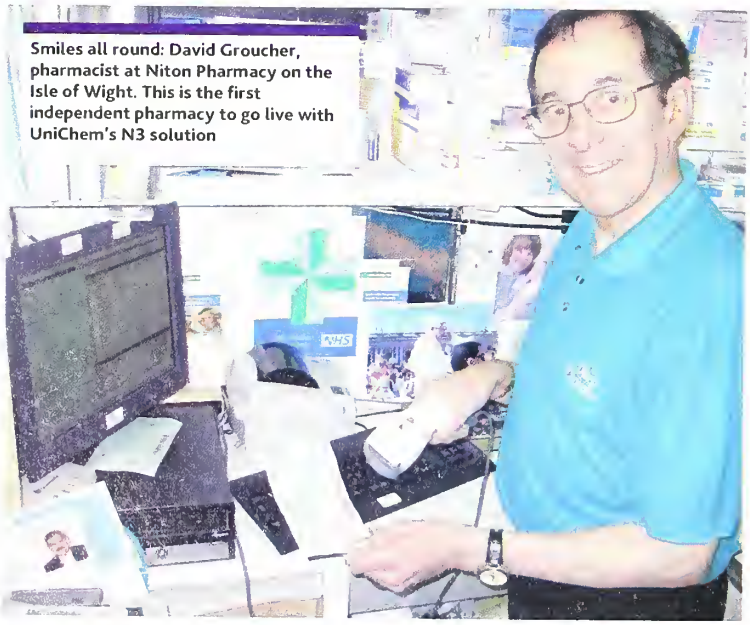
- Pharmacy services.
- Perceptions of pharmacy.
- Financial arrangements.
- NHS reforms.
- Collaborative working.
- Location and access to community pharmacy services.
- Regulatory matters.
- Pharmacy education and development.
- Information technology.

The work aims to inform the APPG's inquiry, which will also include public evidence-gathering meetings with invited witnesses. This is expected to culminate in a report with recommendations for the profession, policymakers and other stakeholders. The deadline for responses is September 29.

For more information contact louiseappg@luther.co.uk or go to http://www.appg.org.uk/enquiry.htm **AC**

Cegedim nears ETP approval

IT Rollout authority expected within weeks



Smiles all round: David Groucher, pharmacist at Niton Pharmacy on the Isle of Wight. This is the first independent pharmacy to go live with UniChem's N3 solution

Pharmacy systems supplier Cegedim Rx says it expects to deploy ETP-accredited systems this month.

The company's Pharmacy Manager and Nexphase systems had processed 2,500 live electronic scripts and were within "two to three weeks" of achieving rollout authority, predicted Steve Langley, Cegedim's national accounts manager. "It's imminent now. I'm hoping that within a fortnight we'll be given the go-ahead to deploy from Connecting for Health (CfH)," he said at a joint briefing with UniChem last week.

Cegedim is among eight suppliers engaged in final ETP tests with CfH. Only AAH and Lloydspharmacy have so far had systems accredited for phase one of ETP rollout.

Once accredited, Cegedim would be able to install the systems to around 150 pharmacies a month, confirmed the company.

Cegedim also announced plans to launch a ETP user forum in August. The quarterly meetings will invite pharmacists to feed back on IT issues, said Den Moran, Cegedim's sales and marketing director. **MG**

Platinum Design Award winning Murrays Pharmacy – page 26 ›

George Romanes is this week's pharmacy champion – page 16 ›

OTC suppliers crack code

Practice Code will cover on-pack information

The next stage in the Better Regulation of OTC Medicines Initiative will be a new code of practice for on-pack information, Proprietary Association of Great Britain chiefs have revealed.

OTC suppliers and the Medicines and Healthcare products Regulatory Agency expect to spend the next six months working on the code, which will cover essential information about indications, dose and side effects, as well as 'product benefit' terms like suitable for vegetarians, sugar-free, easy to swallow, and non drowsy.

"Few OTC medicines are advertised more than two or three times a year," PAGB president John Harold explained at the association's annual dinner last week. "The information on the pack is a vital reminder to tell people what the product does and how to use it safely."

To date, BROMI, a joint PAGB/MHRA initiative, has defined 25 areas where changes to packaging can be made without MHRA approval. However, most importantly, BROMI has brought about a new approach to OTC product regulation; the MHRA is no longer checking and approving but instead monitoring and enforcing, said Mr Harold. **AC**

Workshop tackles adverse incident reporting

Northern Ireland Opportunity to review procedures

Health chiefs in Northern Ireland have reiterated the importance of reporting adverse events in the battle to reduce dangerous errors.

The Department of Health, Social Services and Public Safety gave the reminder at a workshop held on June 21 in Antrim. A total of 28 million items are prescribed in Northern Ireland every year. Permanent secretary Dr Andrew McCormick said reporting could help minimise mistakes relating to human error as well as those caused by technology, work environments and individual patient conditions. "The experience from adverse incidents have helped organisations review their procedures, to improve compliance with guidance and protocols and to enhance communication," he said.

The session was held as part of the Supporting Safer Services action plan. This is linked to the report launched on June 12, which outlines the framework for improving safety in the health and personal social services sector. **TH**

Norman Morrow, chief pharmaceutical officer in Northern Ireland, said the department would share best practice with the National Patient Safety Agency in England to include safety requirements in contractual arrangements for pharmacy.

"We are trying to develop a good template for primary care and are supporting community pharmacists to set up recording systems and assessing risk in their pharmacies," he said. **JE**

SPGC

Minor ailment service Q & A part five

Q. Can the MAS be provided to an exempt patient who is not registered with a GP in Scotland?
A. No. Patients not registered in Scotland with a GP cannot receive the MAS. The following persons are also not eligible to register:
• Patients not exempt from paying prescription charges.
• Patients in possession of a prepayment certificate.
• Patients in care homes (nursing and residential).
• Temporary residents.

Q. How might an MAS registration lapse?
A. Individuals can choose to withdraw from the MAS at any time. The pharmacist can also withdraw an individual due to a change in their exemption status or other exceptional circumstances. The Central Patient Registration System withdraws patients automatically if they die or move into a care home. If an individual registers at another pharmacy then the system withdraws them from the pharmacy they were previously registered with. And if an individual does not use the service for 12 months, their registration lapses.

Q. What should I do in the out of hours period when the person has symptoms that are not a minor ailment and that person needs to be referred to the OOH service?
A. Firstly you need to consider the overall implications of any referral either to the OOH service or to NHS24 and the subsequent impact that may have on their services. If you decide that the person does need to see a GP urgently, then you should always advise them that you are referring them due to their symptoms rather than stating that they need a specific treatment to avoid raising expectations. If you are referring the person to your local OOH service, you can now contact them directly on the professional-to-professional number. This will make the patient journey easier and also avoids unnecessary calls to NHS24 when you have already made a professional decision on the need for them to be seen quickly.

Your views

A clean bill of health

With plans afoot to change legislation surrounding supervision and personal control, Neil Slater, CCA head of operations, gives a perspective on some of the key topics

When considering how pharmacy can move forward in terms of workforce development, it goes without saying that the CCA will look at the issues from the perspective of a large pharmacy multiple.

That said, as more than 50 per cent of pharmacies are part of a chain – large or small – it is essential this new legislation enables this significant part of the community pharmacy sector to use any new freedoms effectively.

The 'responsible pharmacist' is an important new development within the professional regulatory framework. It is set to replace the concepts of supervision and personal control, while retaining many of their features within a new definition. It increases the onus on the pharmacist to ensure he or she is comfortable that the pharmacy for which he or she is responsible is operating in line with legal and high professional standards, and is providing a safe service for the public. This is to be welcomed.

But for multiples, an additional important dynamic is how the roles of superintendent and responsible pharmacist dovetail and interrelate. On this point, the CCA favours the current arrangements where the superintendent is charged with setting the overall professional policy framework, and ensuring a corporate approach to the development of standard operating procedures, while responsible pharmacists review these procedures in the light of local circumstances and adapt them, if necessary, in consultation with the superintendent pharmacist. To achieve this, it will be important that the regulatory framework recognises the role of the superintendent pharmacist, and is not too prescriptive in relation to particular circumstances since, in practice, this may then mitigate against a more flexible approach.

The CCA supports the concept of one pharmacist responsible for one pharmacy. However, we recognise that in exceptional circumstances, which by definition are irregular and infrequent, it may be helpful for there to be a system in place that creates a degree of flexibility in this regard. Likewise, the CCA supports pharmacist absence from the pharmacy only where the pharmacist is providing professional services – and for a limited time only. In both instances,

The CCA supports the concept of one pharmacist responsible for one pharmacy. However, we recognise that in exceptional circumstances it may be helpful for there to be a system that creates a degree of flexibility

the CCA believes the best approach is to avoid legislating for the exception, and instead require that the superintendent pharmacist sets out guidance and standard operating procedures in relation to these issues, and ensures that accurate records are kept so that the professional regulator can scrutinise all such situations as and when they present.

In a similar vein, the CCA believes that, within broad policy guidance developed by the superintendent pharmacist, the sale of pharmacy-only medicines and the clinical assessment of some low risk prescriptions such as medical appliances could be conducted in the absence of a pharmacist, if the responsible pharmacist feels it is safe to do so and an agreed standard operating procedure is in place. Likewise, responsible pharmacists should be free to decide when and what it is safe to delegate to support staff, in light of local circumstances, and their personal knowledge of the competency of support staff.

While the CCA recognises these new freedoms for the responsible pharmacist may be seen as 'upskilling' the role, the CCA believes it would be impractical to set any additional conditions in legislation for entry to this post. Instead, the CCA would like to see a competence framework developed by the RPSGB . This would allow pharmacists and employers to determine whether an individual is competent to act as a responsible pharmacist but, ultimately, the pre-registration year should ensure that all newly registered pharmacists meet this competency level from day one.

Pharmacists need more freedom and flexibility to help them deliver services in new ways. Recognising and understanding the professional environments in which pharmacy is practised will be essential to create a robust regulatory framework that facilitates the change process.

The CCA will be working with the national pharmacy bodies and the Department of Health to ensure our members' experience of running large multiple pharmacy businesses informs these developments.

E-mail your views to chemdrug@cmpi.biz

...And whilst they quit, they can keep their weight under control

5 out of 10 smokers remained quit at 4 weeks with NiQuitin cq® 4mg Lozenge.[1] NiQuitin cq® 4mg Lozenge can significantly reduce the weight gain associated with the first few months of quitting.[1]

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pain, itching, sweating,
swelling, leg oedema, pain, malaise,
toothjaw ache, nocturia. See SPC for full details. **Pregnancy/lactation:** Try without
replacement therapy. Medical assessment of risk/benefit if necessary
GSL PL 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of revision:** December 2005.
Reference: 1. Shiffman S *et al.* Arch Intern Med 2002; 162: 1267-1276.

GlaxoSmithKline Consumer Healthcare

Comment from the editor

Take a minute to decide where you want to be tomorrow

Stop. Look. Listen.

We all remember having the green cross code drummed into us by our parents. And with time, we became quite good at crossing the road and can probably do it now without thinking.

But what's this got to do with pharmacy?

Well, take the average community pharmacist. For the most part, he or she has got the practice of running a pharmacy business down to a fine art. Prescriptions are automatically scanned for interactions and validity, patients are suitably advised on their medicines, staff are supervised in their daily work, and queries are promptly answered. Much like crossing the road, pharmacists can do all this – and do it well.

But with ever-increasing workloads and finite staff resources, it can be difficult for many contractors to take time out to consider the bigger picture. Yet in the past few years pharmacy has rapidly evolved. Independent prescribing and pharmacists with a special interest are now a reality, new pharmacy contracts across the UK have signalled a shift in reimbursement from a purely supply service to one that is more patient centred, and the planned NHS IT programme will (eventually) see community pharmacy better integrated within the NHS family.

But now that many of the profession's major aspirations are coming to fruition, where do we go next? What will community pharmacists be doing in three, five and 10 years' time?

Certainly, pharmacists will be holding clinics either from their premises or from consultation rooms located within health centres. Pharmacists will routinely diagnose and prescribe for clinical areas within their competence, and be responsible for managing patients with chronic conditions. But are there other areas open to pharmacy?

This week's lead story gives a glimpse of the future with the possibility of pharmacists running GP surgeries. Of course GPs will voice their opposition, but the government has made clear its wish for the NHS to embrace choice. Bit by bit, control of entry is being dismantled, so why should medical services not be open to more competition?

The All-Party Pharmacy Group and the Royal Pharmaceutical Society have independently announced inquiries into the future of pharmacy. It's time to stop, look, listen, and to consider where we want to go.

> Bit by bit, control of entry is being dismantled, so why should medical services not be open to more competition?

Your views

Business as usual

The Boots merger will not affect our commitment to independents, says UniChem managing director David Coles

UniChem is the healthcare supplier of choice to more independent pharmacists in the UK than any other wholesaler, thanks to the unparalleled support that we offer our customers.

As the proposed merger of our parent company, Alliance UniChem, with Boots draws near, with completion anticipated at the end of July, I would like to update C+D readers on UniChem's position and priorities moving forward, as the UK wholesale arm of the new group.

Firstly, I would like to reiterate the commitment given by Stefano Pessina, executive deputy chairman of Alliance UniChem, and the proposed executive deputy chairman of the newly merged company, who said: "UniChem will continue to service the independent sector just as it has in the past and will strengthen its offering as a result of this recommended merger."

UniChem will continue to operate as an autonomous wholesale business post merger. It is my vision and my mission to ensure that our service, culture and customer service-led ethos will, in fact, be stronger than ever when this merger comes into effect.

UniChem has been working extremely hard over the past nine months, since this proposed union was announced, to demonstrate its absolute commitment to its independent customers and I am pleased to report that our service levels are better than ever.

We have introduced many successful customer care initiatives into our warehouses, and these are now paying real dividends for our customers. Our customer forums continue to play a pivotal role in shaping our solutions and services in the best interests of our independent customers and this will continue in the future.

There have been some recent ill-informed views expressed by some who would wish to believe that this merger could have a detrimental effect on service to our independent customers. This speculation is totally inaccurate.

I would like to reaffirm once again that the proposed merger would in fact mean increased opportunities for UniChem to help and support independent pharmacy with a wider range of services and solutions. We fully intend to bring these benefits to fruition.

Finally, I would wish to register my personal reassurance that we will use the opportunity of our group's merger to further strengthen UniChem's support for our independent customers. Our commitment will not waver; our ability to deliver it will be strengthened.

E-mail your views to chemdrug@cmpi.biz

Xrayser

Topical Reflections

A summer of mayhem for CDs

I remember thinking how complicated the CD rules seemed when I was a pre-reg, but I very quickly became familiar with them and was comforted by their security and reliability. The new CD regulations simply make me want to go and hide in a corner.

The new regulations seem destined to create the potential for confusion and errors that they were set up to prevent. In the government's rush to get this new legislation through, it has created a complete dog's dinner of unnecessarily complicated rules and suggestions that vary between the home nations and come into force at different times.

My plate is more than full with the new contract and this extra hassle is the last thing I need. Pharmacists are not the only ones struggling to keep up. There are doctors who are still short of the necessary prescription forms, and some requirements are due to start on a date vaguely described as "summer 2006".

Luckily the Society has produced guidance to help me wade through the quagmire (C+D, July 1, p4), but I'm really not likely to have time to plough through 18 pages of guidance on anything before about 2010. I hope the NPA's information department has its full complement of helpful staff available because a lot of pharmacists will be making umpteen calls this summer.

I cringe when I think how much all this might be costing. But at least it will stop patient harm from all those errors and fraud that pharmacists used to commit under the old system won't it? I don't think so. The only health effect likely to arise from all this is a few more pharmacists having nervous breakdowns.

The pharmacy free-for-all

Increasing competition drives successful markets and delivers better services. Pharmacy has been largely immune to this fact of life, but now reality is starting to creep into our nice, safe little world.

Relaxation of the control of entry regulations has opened a number of avenues for new pharmacies to compete with the existing network. Whether it is by opening for dreadfully long hours, calling yourself an internet pharmacy, or perhaps even offering cheap OTC medicines, pharmacies can now directly compete with each other using a range of tactics.

Another new area for competition is service provision. I have heard of a new pharmacy contract being granted to an applicant who was prepared to offer services that the existing pharmacy was not prepared to provide. If this practice becomes widespread, pharmacies will have little choice but to offer every possible service. MURs would no longer be optional, but a necessity to avoid a competitor opening next door and ruining your business.

PCTs' current shortage of funds could be seen as a blessing because, if they were to continue in this vein, they could dictate which enhanced services they wanted and leave pharmacies with little choice whether they deliver them or not.

We could only exist in our ivory towers for so long – even GPs are having to face similar issues. The recent white paper decreed that private organisations could offer GP services in areas where the offering was not up to scratch.

The ramifications of this free-for-all are difficult to predict. Falling values of premises and reduced profit margins would lead to lower wages, making the profession less desirable. But this could possibly be offset by the attractions of a more vibrant, clinically challenging and varied profession.

CD

Hospital Report

One rule for us, another for down south

There's a light at the end of the Agenda for Change tunnel. The majority of job evaluations have been completed and although we await the outcomes, many in the south have already received them.

Having said that, the next challenge is to create a knowledge and skills outline for each post within three months of assimilation to its new grading.

If anything, this task is even more onerous than the creation/updating of job descriptions that preceded the job evaluation. Intended to complement a personal development plan, it will detail the knowledge and skill levels required, firstly to appoint to the post and secondly, that would be expected from the postholder after a few years.

Staff consider the Knowledge and Skills Framework (KSF) as the most important part of Agenda for Change as it gives equal access to education and training opportunities.

For many years the other staff groups in the health service have had to fight for the funding remnants left after the medical and nursing staff requirements have been fulfilled.

It is concerning to hear rumours that some trusts in England have abandoned the KSF completely

Therefore, as NHS Scotland gears up to the challenge, it is concerning to hear rumours that some trusts in England have abandoned the KSF completely. How this is possible, when the agreement is a national one, is not clear, but it may be down to the freedoms given to foundation trusts.

If true, then it is the start of the collapse of the agreement and much of the last eight years will have been pointless and a monumental waste of time and money.

Written by a senior hospital pharmacist

Pharmacy Champions

Pharmacists leading the way forward

What have you set up?
I have been a supplementary prescriber since April 2004. I have set up an asthma clinic to treat patients who are poor at going to their doctor or asthma nurse. They tend to work long hours and find the pharmacy setting a convenient way to get care and their prescriptions.

The unique selling point is patients can access the service until 6pm on weekdays and all day Saturday.

I have been lucky in that I built a consultation area three years ago with the help of a Scottish Executive grant. With asthma you don't need too many bits of kit – I can do plenty of work with a peak flow meter and an In-Check device. There is also a mass of printed material to access and most can be given to the patient to reinforce your discussions.

Were there difficulties?
It took months to get off the ground as it's difficult to pick patients, set up management plans and get it all agreed with the patient, GP and pharmacy. I'm now building my patient base, but you have to be proactive as new services like this are not really well known by patients and even our medical colleagues.

How have the locals reacted?
In the future, diseases such as Parkinson's and epilepsy might be suitable areas for motivated supplementary subscribers to be involved in.

Many patients are on complicated drug regimes and care issues that we can help with. The barrier to treating such diseases is the simple fact that doctors are not yet comfortable with pharmacists ordering blood tests on the practice budget. For this reason, conditions that require less invasive testing will be the norm for most supplementary prescribers like myself.

The patients, however, have taken to the pilot of a paper-based repeat dispensing system like ducks to water, which we are trialling as a forerunner to the chronic medication service (CMS), part of the new Scottish pharmacy contract.

Any advice for others?
Get your doctors on side first as patients generally like new offerings from the local pharmacy. We all need to be more proactive as the contract comes in and be prepared to make a good case for all the positive changes that are waiting in the wings.

Would you do anything differently?
I think perhaps with hindsight that I would have picked another disease area since asthma overlaps with the work of practice nurses.

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpi.biz

Name
George Romanes

Pharmacy
GLM Romanes Ltd Pharmacy, Duns, Berwickshire

What has he done?
Set up an asthma clinic as part of a supplementary prescribing service

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C+D Clinical

Rheumatoid arthritis: what next?

The monoclonal antibody rituximab looks set to gain a licence for use in rheumatoid arthritis

Professor John Isaacs

Rheumatoid arthritis (RA) is an autoimmune condition characterised by inflammation of the joint lining (synovium), which leads to destruction of cartilage and bone, deformity and associated disability.[1] In the Western world it affects about 1 per cent of the population. While the peak age of onset is in the fifth decade of life, it frequently affects younger individuals. It occurs two to three times more frequently in women than in men.

The precise cause of RA is unknown, although inherited factors play a role. The strongest genetic linkage is to the major histocompatibility complex but RA is a polygenic disease and there are other, mostly unidentified, genetic influences throughout the genome. There are probably a number of triggers. Again, none has been definitively proven but they are likely to include infection, trauma and stress. RA is a heterogeneous condition, meaning that the genetic predisposition and triggering factors differ from individual to individual. This probably underlies the unpredictability of response to treatments.

In rheumatoid arthritis, chronic inflammatory cells infiltrate the synovium and there is hyperplasia of the synovial membrane (pictured). Picture courtesy of Professor P Motta/Dept of Anatomy/La Sapienza University, Rome/Science Photo Library

Pathophysiology

The healthy synovium is a thin membrane comprising one or two cell layers in a loose connective tissue matrix and without a defined basement membrane. It lines the joint cavity with the exception of the weight bearing surfaces.

There are two predominant cell types in health: the type A (macrophage-like) synoviocytes and the type B (fibroblastic) synoviocytes. In RA the synovium becomes infiltrated with chronic inflammatory cells such as B and T lymphocytes and macrophages and there is hyperplasia of the synovial membrane, particularly the fibroblastic synoviocytes. New blood vessels form in the synovial membrane facilitating the influx of cells from the blood.

Auto-reactive responses result in secretion of pro-inflammatory cytokines such as tumour necrosis factor (TNF)-alpha, interleukin-1 beta and interleukin-6; tissue destructive enzymes such as the matrix metalloproteinases; autoantibodies such as rheumatoid factor; and the activation of bone destroying osteoclasts. This leads to a highly inflammatory and destructive environment.

Traditionally, autoreactivity was thought to be T-cell driven but it now appears that the distinct cell types (macrophages, fibroblasts, B-lymphocytes and T-lymphocytes etc) are interdependent within the inflamed joint. For example, whereas the B-cell was thought only to mature into a plasma cell to secrete antibodies, it is now clear that B-cells in the synovium can act as antigen presenting cells while also providing important co-stimulatory signals to T-cells. In addition, the B-cells can secrete pro-inflammatory mediators and chemokines that help to attract and retain other inflammatory cells.

Current treatments

Twenty years ago, RA was treated with what was termed the pyramid approach. Treatment started with non-steroidal anti-inflammatory drugs (NSAIDs) and then proceeded through a number of so-called disease modifying anti-rheumatic drugs (DMARDs) such as gold injections, penicillamine, chloroquine, sulfasalazine and methotrexate. When all of these had failed, therapy could be escalated to cytotoxic drugs such as azathioprine and cyclophosphamide.

It has always been recognised that only a proportion of RA patients respond to any particular DMARD. The reasons are unclear but are presumed to be genetically determined. Furthermore, not only are the clinical effects of traditional DMARDs unpredictable in a

The College of Pharmacy Practice

This course (module 1374) in association with multiple choice questions being published in C+D August 5, provides one hour's continuing education

CPD

This article can help in the following CPD competencies: G1 [illegible] C1d, C3e. See www.tinyurl.com/[illegible]

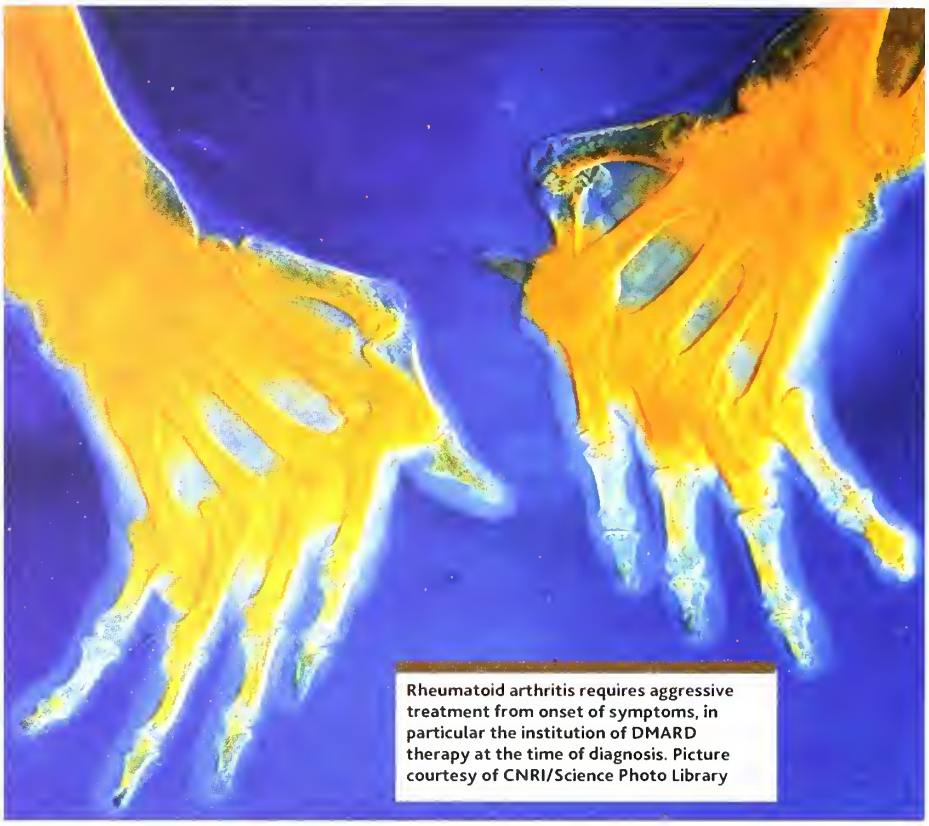
particular patient but, even when beneficial, the effects frequently wear off over a period of months to years. It was not uncommon for an RA patient to have experienced all DMARDs within a few years of diagnosis, at which stage the outlook was bleak. There were also significant toxicities, particularly with drugs such as gold and penicillamine, which in some individuals caused nephropathy or severe skin rashes. Therefore, even with optimal care, it was common for patients to develop severe joint deformities and associated disability within a few years of diagnosis.

A number of factors resulted in a change in the treatment paradigm for RA. First, the realisation that joint damage started very early in the disease, probably from the outset, and was unaffected by NSAIDs. This explained the early decline in function. The second factor was the realisation that RA was, in fact, a fatal disease. RA is associated with an excess of infectious morbidity and with accelerated atherosclerosis, resulting in premature heart disease and stroke. The consequence is that a patient with severe RA lives, on average, seven to 10 years less than a healthy individual of the same age.

It is now accepted that RA requires aggressive treatment from onset of symptoms, in particular the institution of DMARD therapy at the time of diagnosis. Trials over the past 10 years, using single drugs or combinations of DMARDs, have clearly demonstrated that a strategy of early intervention is associated with reduced joint damage and disability, and probably increased longevity.

The mode of action of conventional DMARDs remains largely unknown. Most have several potential mechanisms of action on more than one cell type. In contrast, the 1990s saw the arrival of targeted biological therapy for RA. Work over the previous decade had identified the cytokine TNF-alpha as pivotal to the pathology of RA. Monoclonal antibody to TNF-alpha was shown to be highly effective in animal models of arthritis and this led to clinical trials of TNF-alpha blockade. The results were impressive, with rapid reversal of inflammation as well as the disabling fatigue that frequently accompanies joint symptoms. Furthermore, TNF-alpha blockade also halted joint damage and these effects were evident in patients who had failed to respond to conventional DMARDs.

In clinical trials, 60 to 70 per cent of patients achieved an ACR 20 response (equivalent to approximately 20 per cent improvement in symptomatology from baseline), 40 to 50 per cent of patients achieved an ACR 50 response and 20 to 30 per cent of patients achieved an ACR 70 response. As with conventional DMARDs, the efficacy of TNF-alpha blockade eventually waned in a significant proportion of patients. While the overall safety profile was good, there were some patients who experienced serious side effects in terms of infections both with conventional bacteria and opportunistic organisms, particularly mycobacteria. Unanticipated side effects included episodes of demyelination, and the appearance or worsening of congestive heart failure. The anti-inflammatory effects of TNF-alpha blockade waned when treatment was discontinued because of side effects.



Rheumatoid arthritis requires aggressive treatment from onset of symptoms, in particular the institution of DMARD therapy at the time of diagnosis. Picture courtesy of CNRI/Science Photo Library

Nonetheless, TNF-alpha blockade has provided an important and revolutionary treatment for a substantial proportion of patients. Its optimal place in management remains unclear, although guidelines issued by the National Institute for Health and Clinical Excellence limit its use to patients who have failed at least two conventional DMARDs, one of which should be methotrexate.

Currently three distinct therapies are licensed: a chimeric (part human/part mouse) monoclonal antibody (infliximab); a fully humanised monoclonal antibody (adalimumab); and a receptor-immunoglobulin fusion protein (etanercept). Others are in development.

Future developments

Rituximab acts in a novel manner compared with existing DMARDs and biological therapies. It is a monoclonal antibody that recognises CD20, a protein present on the surface of B-cells although absent on plasma cells and B-cell precursors. When rituximab attaches to B-cells, the cells die from a variety of mechanisms including complement dependent cytoxicity, cell mediated death and apoptosis. There is a rapid fall in circulating B-cell count with a slow return over several months. In patients with circulating rheumatoid factor (70 to 80 per cent), levels fall. Circulating protective antibody levels, in contrast, usually remain within the normal range.

The recommended treatment regime in RA requires two infusions of rituximab (1g) 15 days apart. Each dose is preceded by an infusion of methylprednisolone. The results of a phase II trial suggested that rituximab is most effective when combined with low dose methotrexate.[2] Under these circumstances, one year after a single course of treatment, 65 per cent of patients retained an ACR 20 response, 35 per cent an ACR 50 response and 15 per cent an ACR 70 response. The duration of response varied from less than one year to well beyond a year. Currently there are no good predictors of relapse following rituximab therapy, although in some patients circulating rheumatoid factor reappears around that time. Therapy can be repeated, although few patients have received more than two or three courses. As demonstrated by the recent Randomised Evaluation oF Long-term Efficacy of rituXimab (REFLEX) study, rituximab appears similarly effective in patients who have failed anti-TNF therapy.[3]

Rituximab has a good safety profile. The most common adverse effect is an infusion reaction, associated particularly with the first dose and probably reflecting B-cell lysis. The reaction is characterised by fever, chills, nausea and headache. In severe cases, hypotension and respiratory distress have been reported, but this is mainly seen in patients receiving rituximab for lymphoma patientsas opposed to RA, where the amount of B-cell lysis is much greater.

The Dose ranging Assessment iNternational Clinical Evaluation of Rituximab in RA (DANCER) study investigated the best way to avoid infusion reactions.[4] Giving 100mg methylprednisolone intravenously preceding rituximab reduced the incidence of reactions from 46 per cent to 32 per cent with the first infusion, and residual reactions were mild. In most placebo controlled trials, the incidence of

Clearblue COMPETITION

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Tick one answer box for each question

1. Clearblue launched the world's first Digital Pregnancy Test in 2003 ☐ **TRUE** ☐ **FALSE**

2. Clearblue Fertility Monitor detects one hormone in the urine ☐ **TRUE** ☐ **FALSE**

3. Clearblue is 21 years old? ☐ **TRUE** ☐ **FALSE**

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CLEARBLUE COMES OF AGE...

Happy 21st Birthday

Clearblue is 21 years old this year and is celebrating a lifetime at the forefront of innovation and investment in the pregnancy and ovulation test market. All pharmacists and assistants will remember times in their career when Clearblue has made a difference to someone's life. It is these years of shared experiences that have helped make Clearblue the market leader in pregnancy and ovulation testing and the pregnancy test brand that is most recommended by doctors in the UK.

Women have been trying to predict pregnancy since long before Clearblue was even a twinkle in a scientist's eye. In Egyptian times a woman would smear grease over her body at bedtime to determine whether she was pregnant. If her skin had turned 'green and moist' when she woke in the morning this indicated a positive result. If only she'd had a Clearblue test!

'Rhythm charts' to predict ovulation were first devised in the 1930s but it was not until the 1960s that urine based tests were able to detect the rise in luteinising hormone that triggers ovulation.

Clearblue Pregnancy Tests

Clearblue's new Digital Pregnancy Test combines 21 years experience with the latest technology making it the easiest test ever. It comprises a fully integrated one-step test that clearly displays in words 'Pregnant' or 'Not Pregnant', removing uncertainty in interpreting the result. This test offers women the choice of testing up to four days before their period is due.

The Clearblue Pregnancy Test with Colour Change Tip contains a unique absorbent tip that turns from white to pink to reassure the user that urine is being absorbed. The result is displayed as a '+' or '-' and a line in the control window confirms the test has worked correctly. This test can also be used up to four days before the period is due.

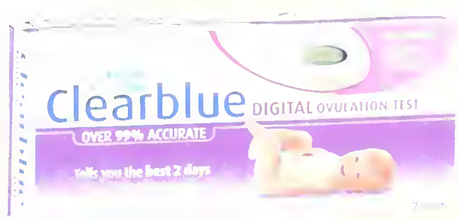
All Clearblue Pregnancy Tests are over 99 per cent accurate from the day the period is due.

Clearblue Fertility Monitor

The baby of the range at under [illegible] years old in the UK is the Clearblue Fertility Monitor which is for women who are proactively trying for a baby of their own. It is the most advanced home method to more accurately identify more fertile days to help women conceive. The product consists of a hand held Monitor and disposable Test Sticks. The user presses the [illegible] button at the start of her menstrual cycle and when prompted by the Monitor she performs a simple urine test. The [illegible] collects two hormones from the urine (estrogen and luteinising hormone) and converts them into information which can be read by the Monitor. The Monitor then [illegible] displays whether that day will be a Low, High or Peak Fertility Day. This information allows the couple to make love on the High and Peak Fertility Days when the woman has the [illegible]. The Monitor also builds up a detailed [illegible] unique hormone pattern. The Monitor and Test Sticks are available separately. The majority of [illegible] 10 Test Sticks per cycle but women with [illegible] may have to use 20 Test Sticks. Clearblue Fertility Monitor is 99% accurate in detecting the LH surge.

Clearblue Ovulation Tests

Clearblue's expertise has helped it develop the most effective brand of ovulation test [illegible] will detect their LH surge with its pack of seven test sticks [illegible]



Clearblue Customers

Pregnancy test purchasers

[illegible]

Clearblue
Happy 21st Birthday

Buy Clearblue or someone else (6% are men). Pregnancy test shoppers spend relatively little time in the category - only a third spend over ten seconds handling the product - so clear in store communication of product/brand benefits is paramount.

Clearblue is seen as a trusted, high quality brand with shoppers prepared to pay more for it and more likely to go to another store to buy a Clearblue product if it is not available.

Know your Customers?

Clearblue has categorised women with respect their attitude to family planning to make them easier to identify and to relate to. Their pattern of purchase differs from category to category:

- Not wanting children - I don't have any children and it is vital that I don't become pregnant
- Planner - I don't have any children but I think I will have some in the future
- Conceiver - I do/don't have children yet but am currently trying to conceive
- Pregnant - I am currently pregnant
- Spacer - I do have a child/children and intend to have more in the future
- Stopper - I do have a child/children but don't intend to have more

Do you recognise the ovulation test purchasers?

Many women do not fully understand their menstrual cycles and the concept that timing is crucial when trying to conceive. An independent survey[2] revealed that:

- When given 5 definitions to choose from, 83% of women couldn't correctly identify that a menstrual cycle is calculated from the first day of menstrual bleed to the day before the next bleed starts.
- Just 20 per cent of women know that conception is only likely to occur on a few days of each cycle

Women who understand that they are only likely to conceive on a few days of each cycle are more likely to use an ovulation test and ovulation tests can shorten the time taken to become pregnant. A small group of women using an ovulation test took an average of 4.3 months to become pregnant compared to an average of 8.7 months for UK women aged 25-40[2].

How to get even more from the brand leader

- Place all Clearblue products together to give the category maximum exposure.
- Self selection is important for all products in this category because women do not always want to have to ask for them.
- A location that is not overlooked, but is close to the pharmacy counter, can help trigger discussion between customer and pharmacy staff.
- Siting pregnancy and ovulation tests together helps to maximise cross selling and grow the category.

Reference

1. IRI - Shopper research 2005
2. UK Independent Research, 2003 on Ovulation Testing

Remember the days? - How many customers did you help with Clearblue in each of these years?

-1984 Unipath established.
-1985 Clearblue's first Home Pregnancy Test was launched. This three step test method gave a result in 30 minutes.
-1987 Clearplan Home Ovulation Test was launched also producing a result in 30 minutes.
-1988 Clearblue presented the world's first one-step pregnancy test which showed a result in just three minutes.

-1989 The Clearplan One Step Ovulation Test was introduced. This test was 98 per cent accurate with a result in five minutes.
-1996 Clearblue released the world's first one minute Home Pregnancy Test

-2003 With the computer age raging Clearblue launched the world's first digital pregnancy test This test spelt out the result 'Pregnant' or 'Not Pregnant' in words. Clearplan was rebranded to Clearblue.
-2004 To give women extra reassurance Clearblue added a colour change sample indicator feature to the non-digital pregnancy test. Welcome to Clearblue's Digital Ovulation Test.
-2005 Clearblue introduced the most advanced home Fertility Monitor.

-2006 Clearblue's most recent innovation is the new one-step Digital Pregnancy Test, the easiest test ever.....

What else was happening in 1985?

- Live Aid pop concert raises money for Africa
- British Telecom announces the retirement of Britain's red telephone boxes
- Mikhail Gorbachev becomes Soviet leader

And in pharmacy:

- The 'Black List' was introduced, restricting what could be prescribed on the NHS
- Much of the year was spent discussing introducing control of entry regulations, only for legislation to be withdrawn at the last moment
- Proposals to make topical hydrocortisone available as a Pharmacy medicine were issued
- The Young Pharmacists Group was established

For more information visit the website at www.Clearblue.info
To order any of the products, contact the Clearblue sales team on 0800 267 448.

infections did not differ between rituximab and control arms. In the REFLEX study (patients who had failed anti-TNF therapy), however, the incidence of serious infections was 2 per cent in the rituximab arm compared with less than 1 per cent with placebo.

Rituximab clearly differs from previously licensed therapies for RA. It is a targeted therapy that kills a particular lymphocyte population. As mentioned earlier, this population produces auto-antibodies but also sustains aspects of the synovial micro-environment, including T-cell activation. It therefore appears to affect beneficially a central player in RA pathology. In contrast, the beneficial effects of TNF-alpha blockade result from neutralisation of a key pro-inflammatory cytokine. These differences are reflected in the fact that rituximab can be administered intermittently. Apart from the possible exception of depot corticosteroids, this has not previously been possible in patients with RA.

In summary, rituximab provides a new treatment paradigm for patients with RA, in which a brief intervention provides long-lasting benefit. Preliminary data suggest that it also reduces the rate of joint damage, and is effective in rheumatoid factor negative patients. Initially this therapy will be licensed in patients with who have failed TNF-alpha blockade.

References:
1. Isaacs, JD: Fast Facts Rheumatoid Arthritis. The Health Press (Oxford) 2003.
2. Edwards, JC, Szczepanski, L, Szechinski, J, Filipowicz-Sosnowska, A, Emery, P, Close, DR, Stevens, RM, Shaw, T: Efficacy of B-cell-targeted therapy with rituximab in patients with rheumatoid arthritis. N Engl J Med. 2004, 350:2572-81.
3. Cohen, SB, Greenwald, M, Dougados, M, Emery, P, Furie, R, Shaw, T et al. Efficacy and safety of rituximab in active RA patients who experienced an inadequate response to one or more anti-TNFa therapies (REFLEX trial). Arthritis Rheum 2005, 52 S677/REFLEX
4 Emery, P et al (DANCER study group) The efficacy and safety of rituximab in patients with RA despite methotrexate treatment: results of a phase IIB randomised double-blind, placebo controlled, dose ranging trial. Arthritis and Rheumatism 2006, 54:1390-1400.

John Isaacs is professor of clinical rheumatology and director of the Wilson Horne Immunotherapy Centre, University of Newcastle, and a consultant rheumatologist at the Freeman Hospital, Newcastle-upon-Tyne

Key points

- Rheumatoid arthritis is a potentially fatal disease associated with premature heart cardiovascular disease and susceptibility to infections.
- The joints become infiltrated by inflammatory cells such as B and T lymphocytes and macrophages, and there is hyperplasia of the synovial membrane.The B-cells are now believed to be more significant than T-cells.
- Only a proportion of patients respond to disease modifying anti-rheumatic drugs and the effects often wear off with time.
- TNF-alpha blockade halts joint damage in some patients who fail to respond to conventional DMARDs, but guidelines limit its use to patients who have failed on at least two conventional DMARDs including methotrexate.
- Rituximab is a monoclonal antibody that attacks B-cells and provides longer lasting benefits from intermittent treatment. It has just been licensed for the treatment of RA in the USA and a European licence is expected in 2006.

Continuing professional development

Reflect

Rituximab is expected to be licensed this year for the treatment of rheumatoid arthritis. How much do you know about this drug, currently used for certain lymphomas? How much do you know about the causes of rheumatoid arthritis and its existing treatments?

Plan

By reading this article you will have an idea of what causes RA and the destructive processes that take place in the joints. You will also revise the relative merits and disadvantages of existing treatments for RA and be aware of how rituximab might be used in this condition.

Act

- Review your knowledge of the immune/autoimmune response and drugs used to modify it. Then revise the drugs used to control/treat rheumatoid arthritis and other inflammatory disorders (British National Formulary 10.1) with particular reference to licensed drugs that suppress the rheumatic disease process (BNF10.1.3). Also look at drugs used to modify the immune response (systemic and topical).
- Have you any patients suffering from autoimmune diseases? List their condition and treatment in your practice workbook. Are any suffering from rheumatoid arthritis? What is their current treatment? Does it control their symptoms?
- What is your standard operating procedure for dispensing methotrexate? Is it different from other prescribed medicines? Should it be?

Evaluate

Looking at the results you recorded in your practice workbook, are there any rheumatoid arthritis patients who have their drug regimen changed frequently? Do you think they could be better controlled with rituximab? Do you now feel that you could discuss this with their doctor?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 5 issue, which will cover this week's CPP-accredited module, together with those in the July 15 and 22 issues.

These will cover:
Rituximab in rheumatoid arthritis (1374)
Cervical cancer (1375)
HRT case study (1376)
A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Pauline Sanderson on 01732 377269.

Chemist + Druggist
in association with
Genus Pharmaceuticals

A Practical Approach...

It is half an hour before closing on a Saturday afternoon at Update Pharmacy when the phone rings. Pharmacist David Spencer answers.

"Hello David. It's Mo Merali here, I'm so glad I caught you before you closed. Could you do me a favour and supply some medication to a patient for me? It's for Mrs Bryan, she's one of your regular prescription collection patients. You know she's terminally ill with cancer?"

"Yes, her husband is caring for her at home. He's been in here a lot for her over the last few weeks," says David.

"Well, he phoned me in a panic a few minutes ago saying he hadn't realised that her morphine tablets had run out. She took the last one this morning and the next dose is due at 8pm. If she doesn't have them she'll be in terrible pain. She's been having them for several weeks now, so you'll have the details in your medication records. Just give her another week's repeat, please. Mr Bryan is on his way to you now. And I'll send the script to you on Monday."

"I'm afraid it's not quite that straightforward Mo, but I'll find a way to give Mrs Bryan what she needs," replies David.

Question

1. Why is supplying the medication not straightforward?
2. What might David have to do to supply the medication?
3. What records should David make of any supply he makes?

CPD This article can help in the following CPD competencies: G1d, G1h, G1l, C3b, C4a. See www.tinyurl.com/194zu

Newly launched obesity drug awaits assessment by Nice

Acomplia (rimonabant) has been launched for the treatment of obese or overweight patients.

Rimonabant is a first in class selective cannibinoid-1 receptor (CB_1) blocker, and is indicated as an adjunct to diet and exercise for patients with a BMI ≥ 30kg per m^2, or with a BMI > 27kg per m^2 plus associated risk factors such as type 2 diabetes or dyslipidaemia. Recommended dosing is one 20mg tablet before breakfast. Acomplia is likely to be assessed by Nice over the next 18 to 24 months.

The drug is not recommended for patients with severe hepatic or renal impairment, those aged below 18 years, on antidepressants or with uncontrolled serious psychiatric illness, or lactating or pregnant women. Furthermore, the medicine should be used with caution in patients aged more than 75 years, those with epilepsy, or in conjunction with potent CYP3A4 inhibitors, such as clarithromycin.

Clinical trials have shown that patients on rimonabant recorded significantly greater weight loss than those on placebo, and this was maintained at two years. In addition, improvements in waist circumference, diabetes control, HDL-cholesterol and triglycerides were seen. However, lower weight loss was observed in black patients than Caucasians, which may have been due to higher clearance, and the most common side effects were upper respiratory tract infections and nausea.

Pack size, pip code and price:
28 tablets, 322-6958, £55.20
Sanofi Aventis
Tel: 01483 505515

In brief

Supply issues

GlaxoSmithKline has announced the discontinuation of Propaderm cream and ointment (beclometasone dipropionate). Stocks are likely to be exhausted by the end of July.

The company has also stopped production of Zinnat 125mg tablets (cefuroxime axetil) in 50s, due to low demand. The 14- tablet pack size will remain available. More information on both GSK lines may be obtained by telephoning 0800 221441.

The supply issues associated with Welldorm 707mg tablets (cloral betaine) have been resolved, supplier AlphaShow has announced. Any new availability queries should be emailed to info@alphashow.co.uk or call 0870 240 2775.

Pfizer has announced that stocks of Co-Betaloc 100mg tablets (metoprolol and hydrochlorothiazide) are likely to run out this week. For more details, telephone 01304 645262.

Teva has announced that it is experiencing problems making Norphyllin 225mg SR tablets (aminophylline) in Ivax livery, and expects to be out of stock of the product for six months. Contact 0113 238 0099 for more information.

Valtrex range extended

GlaxoSmithKline has added 250mg tablets to its Valtrex (valaciclovir) range.
Pack size, pip code and price: 60 tablets, 322-9895, £130.87
GlaxoSmithKline UK Ltd,
tel: 020 8990 9000

A practical approach... last week's answers

• Cinnarizine is a suitable choice for Mrs Graham's motion sickness as it is the antihistamine least likely to produce drowsiness, has a low incidence of antimuscarinic side effects, requires eight-hourly dosing and will not interact with her medication. Hyoscine is probably the most effective treatment, but has pronounced side effects and requires four-hourly dosing unless the 72 hour transdermal patch is used. Evidence of ginger's effectiveness is conflicting and it may be best not to try it for the first time on a very long journey.

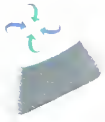
• Mr Graham's problem is otic barotrauma, pain caused by a failure of equalisation of pressure between the area behind the eardrum and the outside environment as cabin air pressure rises during an aircraft's descent. The problem is exacerbated by nasal congestion. Probably the most effective technique to provide relief is the Valsalva manoeuvre: the mouth is shut and nostrils are held closed with thumb and forefinger and the person 'blows' their nose (forcible expiration through the nose is attempted). A pseudoephedrine tablet taken an hour before landing may also help.

• DVT is not exclusively a risk from flying, but from any situation in which a person is seated in a relatively confined space for a prolonged period. Compression socks have been shown to be effective in reducing the risk. Other recommendations include moving around as much as possible, exercising the calf muscles every half hour by flexing and rotating the ankles, and drinking plenty of fluid but avoiding alcohol and caffeine.

IT made simple

You're a busy professional. You're probably lucky to get a decent lunch-break, let alone the time to search for the best IT solutions. Yet, you know that the requirements of the Community Pharmacy Contract will have to be met. So why not let UniChem do the hard work for you? We've teamed up with the pharmacy IT experts Cegedim Rx (with an impressive 48% share of the market) and CSY Computer Systems. Their expertise, coupled with our knowledge of your industry, gives you a one-stop shop for all your IT needs. From upgrading and installing new systems to providing support and training; make IT simple, make it UniChem.

PMR made simple: Get ETP/EPS compliant with a seamless upgrade to Nexphase, or a new installation of either Nexphase or Pharmacy Manager. Benefits include intervention recording, repeat prescription management, broadband ordering capability and access to our extensive educational/news database. Of course if you have Mediphase you are still fully compliant.



EPoS made simple: Reduce stock holding and improve profitability with instant access to the latest sales information. Provide fast, efficient customer service with a system that's easy to set up and use.

IT Solutions made simple: Everything you need to make IT work for you, such as a dedicated support and consultancy team, pharmacy website hosting and Broadband N3 connection to the NHS network.

Peter White at Chancellor Court Pharmacy.

Put IT to the test

Call 0800 032 1454

UniChem

Rewriting the BP alphabet

Pharmacists are likely to be dealing with many queries about the new Nice guidelines on hypertension treatment

Mike Mead

The arrival of the new Nice guidelines on the management of hypertension in adults in primary care heralds one of the biggest changes in UK prescribing there has ever been.

The guidance is the same as that published in 2004, except for the treatment section. This stated that treatment should be started with a thiazide-type diuretic before adding a beta-blocker, unless the patient was at high risk of new onset diabetes, in which case an ACE inhibitor or an angiotensin receptor blocker was the drug of choice.

A year later, the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT) showed that the combination of amlodipine and perindopril produced superior cardiovascular outcomes than atenolol and bendroflumethiazide and this has precipitated an update. The new recommendation is to start with an ACE inhibitor or angiotensin receptor blocker (A) in hypertensive patients aged below 55 years and with a calcium channel blocker (C) or thiazide-type diuretic (D) in those aged 55 years or older or Afro-Caribbeans of any age.

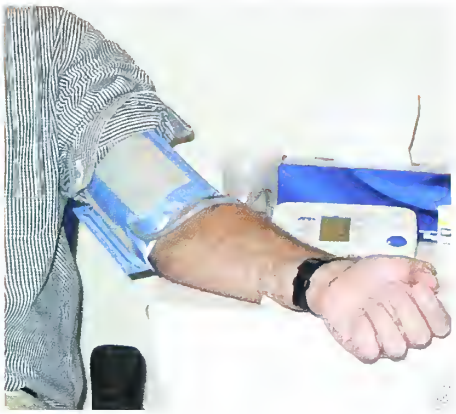
The next step is to combine an A with a C or D. If the blood pressure is still not at target, an A should be added plus C plus D. The fourth step is to add further diuretic therapy or an alpha-blocker or beta-blocker.

The major change is that beta-blockers are no longer used routinely as initial therapy in hypertension. This is not a problem when initiating therapy for new patients, but there are already at least two million patients on atenolol for blood pressure, often with bendroflumethiazide (and, compared to amlodipine/perindopril, this combination in ASCOT gave a 30 per cent increase in new onset diabetes). Changing these patients to an ACE inhibitor or angiotensin receptor blocker will be a huge undertaking.

Pharmacists are likely to be inundated with requests for further information on the new guidelines and the implication for patients already on beta-blockers. Patients should be told to continue with their medication until they have had their blood pressure therapy reviewed, and that certain individuals (eg post MI) will still require beta-blocker treatment.

For full information, the Blood Pressure Association's website covers the new thinking on the different drugs and what the changes mean. Pharmacists should reassure patients that beta-blockers are safe and have been controlling blood pressure for many years, but stress that newer drugs might improve cardiovascular outcomes and will be a matter for discussion at the next review appointment – not a cause for an immediate phone call to the GP.

Full details and analysis of the new Nice guidelines will appear in C+D in August.



Advise patients to continue with their blood pressure medication – even beta-blockers – until they have had a treatment review

For more information:
www.nice.org.uk/page.aspx?o=CG34
www.bpassoc.org.uk

Shave, style and trim with Braun cruZer3

Braun has launched the cruZer3 three-in-one razor for shaving, styling and trimming. The device is rechargeable or can be mains powered. Fully charged in one hour, its cordless shaving time is 30 minutes or a five minute quick charge for one shave. It is fully washable and can be used all over the body, says Braun.

Supporting the launch, a Braun-branded mountain bike demo is visiting more than 50 events in the UK, including the Ripcurl Board Masters in Newquay. Braun describes the target audience as "16 to 24-year-old men who use facial hair as a form of self-expression and creativity".

An on-pack promotion offers the chance to win a Mitsubishi L200 Animal pick-up and other prizes via a dedicated website. Promotional packs contain an Animal keyring.

PR activity includes the search for the 'Face of the future' and the chance to take part in future advertising.

Product info:
Braun
Tel: 020 8560 1234
www.braun.com/uk/cruzer

Price: £54.99

Products in brief

Taste of beauty

Delicious Beauty is a new two step bodycare collection. Scrubilicious Body Scrubs and Butterlicious Body Butters come in three variants: honey and almond, olive and pistachio, and coconut and shea butter. The range is available only in Superdrug and Boots.
Price: £4.99/200ml
Floraroma
Tel: 020 8614 4700

Simple route to a tan

Simple has added a Summer Look body lotion to its sensitive skincare range. The product, for normal to fair skin, contains a small amount of self-tan to give a lightly tanned appearance. It has a shelf life of six months. Distribution is currently through Boots and Superdrug.
Price: £5.65/250ml
Accantia
Tel: 0121 712 6504

Flying start for new Lemsip

The success of Lemsip's latest launch, Max Daytime Cold & Flu Relief, has been attributed to the prevalence of summer colds.

Bucking the norm for cold and flu launches, Reckitt Benckiser introduced the product in the spring. However, by May 20, 134,400 packs had been sold (source IRI).

RB says the incidence of summer colds has increased by 14 per cent in the last three years. Many sufferers of summertime sniffles cite aircraft travel as the source of their germs.

One dose (two capsules) provides 1,000mg paracetamol, 12.2mg phenylephrine and 50mg caffeine.

Product info:
Reckitt Benckiser
Tel: 01482 326151

Price: £3.29/16 capsules
Pip code: 320-7842

Gluten-free breakfast choice

Gluten Free Foods has launched six Barkat Organic cereals. All are gluten and wheat free and contain no malt, artificial flavourings, colours or preservatives, says the company.

The new products are: Barkat Organic Cornflakes, Chocolate Cornflakes, Rice Crunchies, Chocolate Rice Crunchies, Muesli and Breakfast Pops. All are suitable for vegetarians.

Product info:
Gluten Free Foods
Tel: 020 8953 4444
www.glutenfree-foods.co.uk

Price: £2.49/250g

Clarification

C+D would like to clarify some marketing information published in last week's issue, which stated that Mentholatum's Deep Heat Patch "now sells more units than any of its competitors" (C+D, July 1, p40).

Kobayashi has asked us to point out that its Cura-Heat Back Pain product sold more units than any other competitor product in the 52 weeks ending March 25, 2006. In addition, its Cura-Heat Heat Back Pain product outsold any other competitor product in terms of value sales for the same period (source IRI HBA outlets value sales)

However, more units of Deep Heat Patch were sold in March, April and May 2006 than any of the individual products in the Cura-Heat range (source IRI HBA outlets unit sales, four w/e May 20, 2006).

Halal weaning food available from Mumtaz

Asian food specialist Mumtaz has launched a range of Halal baby foods, developed with Muslim babies in mind.

Many Muslims delay moving their babies from milk to solids due to the lack of Halal meat dishes available, says the company. This can lead to deficiencies in key nutrients such as iron.

Ten flavours are offered in the range, with variants for first and second stage weaning. Recipes include wholemeal rice and chicken, pasta and lamb, and mango and banana.

Mumtaz plans to extend its baby offering with cereals, dairy desserts, juices and milk powder.

Product info:
Mumtaz
Tel: 0870 7778 6786
www.halalbabyfoods.com

Prices: 49p to 59p/125g; 65p to 79p/190g

Products advertised on TV next week

Aquaban: GMTV, five, Sat
Aquaban Herbal: GMTV, five, Sat
Bisodol: C4
Canesten AF: All areas
Daktarin Dual Action: Sat
Deep Heat Patch: All areas except U, C4, five, GMTV, Sat
Listerine Advanced Tartar Control Mouthwash: All areas
TCP Spray Plaster: All areas
TENA Lady Mini Magic & TENA pants: All areas
Wartner: G, Y, C, M, CAR, Sat
PharmaSite for next week: Bazuka – Windows, **Bazuka** – In-store, **Pepto Bismol** – Dispensary
Pharmacy channel: Eurax, Isovon

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

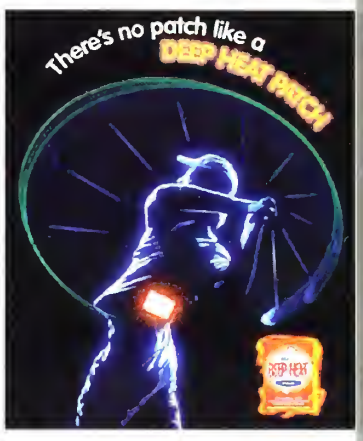
Deep Heat Patches warm up World Cup Final coverage

Mentholatum's WellPatch Deep Heat Patch steps into the World Cup spotlight, with ads during ITV's World Cup Final coverage on Sunday.

The 10-second ads are teasers in advance of the first major TV campaign for Deep Heat Patches, which breaks next month. The £1.2 million campaign continues to the end of October and will include press and outdoor advertising.

The TV ads feature a hand massaging a painful spot on the back. A Deep Heat Patch appears, its edges traced by an animated glowing line. The line morphs into a golfer in mid-shot, a woman playing tennis, a couple dancing and then the pack, ending with the line: "There's no patch like a Deep Heat Patch."

A mix of 30-second and 10-second ads will be on ITV, GMTV, Sky Multi-channel and RTE from mid-August.



Product info:
PowerMed Healthcare
Tel: 0845 222 0555

Pip code: 310-8131 (single)
319-4057 (pack of four)

Growth in health and beauty

The total health and beauty market was worth £6.18 billion in 2005, up 1.7 per cent on the previous year, reports the Health and Beauty Association. Healthcare measured as OTC was worth £2.07bn, up 2.2 per cent, and beauty measured as toiletries was worth £4.34bn, up 1.5 per cent (source: IRI InfoScan all outlets excluding impulse and health food stores).

Skincare was the biggest driver of growth, accounting for £957 million worth of sales. Within this category, suncare and hand and body added most value, up 19.5 and 14.2 per cent respectively, together boosting sales by £49.5m. Male facial toiletries grew 28 per cent to £36.8m.

Areas adding substantial value include mouthwash, up 15.1 per cent to £78.8m, smoking cessation up 6.1 per cent to £89m and paediatric analgesics up 16.8 per cent to £65.7m. Products for IBS grew 11.2 per cent to £5.5m.

OTC categories in decline include insect bite/antiseptic sprays down 10.7 per cent to £10.3m, stomach upset remedies down 6.5 per cent to £20.2m and verruca/wart treatments down 4.1 per cent to £14.4m.

Prices of toiletries continue to fall, says HBA, while OTCs have stabilised. Own label is declining in toiletries but growing in OTC medicines.

Arnica gel from Power Health

Arnica Gel has been launched by Power Health. Containing extract from *Arnica montana*, the aqueous gel can be used to treat sprains, bruises, wounds and muscle aches, says Power. For those with arthritis or stiff fingers, the parabens-free gel is packed in an easy to squeeze tube, adds the company.

Product info:
Power Health
Tel: 01759 302595
www.power-health.co.uk

Price: £5.99/100ml

There
Dry or chapped skin

There
Sunburn

There
Abrasions and minor burns

Treat your customers' skin to handfuls of TLC this summer

Care
Aqueous Cream

Care
Calamine Lotion
Aqueous Calamine Cream

Care
Antiseptic first aid cream

Every pharmacy wants to take care of their customers and the Care range helps you to do just that. As the weather gets warmer, you will see all the familiar signs of summer coming through your door. So if you want your customers to feel really looked after, make sure you offer them handfuls of care from our range for common summer ailments. For more information about the Care skincare range please call **01484 848200** or contact your local sales representative.

Care™

All the care you need

Murrays mint

The Platinum Design Award winning Murrays Pharmacy brings a breath of fresh air to pharmacy design, says company chief Paul Knight

Max Gosney

"I'm an ex-hippy," says Paul Knight when quizzed on the design of the Platinum Award winning Murrays Pharmacy in Market Drayton. "I was trying to create a stress-free environment for the staff and the customers. The key area is the lighting, which is as natural as possible."

Mr Knight, who has been operations director at Murrays since 1995, decided against the daisy chain and flower prints favoured by the free-love generation. But the Shropshire pharmacy, located within Market Drayton Primary Care Centre, does appear to have hit upon something groovy since relocating to the site in October 2005, he reveals. "Prescriptions have gone through the roof and are up 57 per cent against last year. I believe that customers are curious and are drawn to the design. It's a bit like catching fish. Our quota is definitely rising."

The bait appears to be based around a simple, large design. Gondolas are kept at waist height to provide unobstructed views across the pharmacy floor and the dispensary also adopts an open feel. Gentle lighting, including a green aurora circumnavigating the ceiling, lends a calm, composed ambience. "I once worked in a Boots with harsh fluorescent lighting," says Mr Knight. "I found it uncomfortable and wanted much more comfortable lighting. In the past I'd seen women taking cosmetics outside to check for the real colour, so I thought why not install more natural light."

Twin consultation areas also adopt the tranquil approach, says Mr Knight. "We have a discreet, closed room for patients who wish to discuss issues confidentially. There is also an informal sofa area where the pharmacist can talk with customers more openly." The format is founded on the success of other high street outlets, explains Mr Knight. "You have seen these open plan meeting areas in banks for years. There's nothing wrong with stealing a few ideas from other retailers. I like to look in clothes shops for inspiration."

The influences are apparent on the pharmacy shelves, says Mr Knight. "Shoes and slippers are big sellers. I'm trying to go for niche retailing. We are

The pharmacy

Name: Murrays Pharmacy, Market Drayton.
Prescriptions dispensed per month: 12,000.
NHS to non-NHS business split: 90:10.
Shopfitter: Baptt.
Fit time: Eight weeks.
The effect:
- Winner of Best Multiple refit at Platinum Pharmacy Design Awards 2006.
- Prescriptions up 57 per cent on 2005.

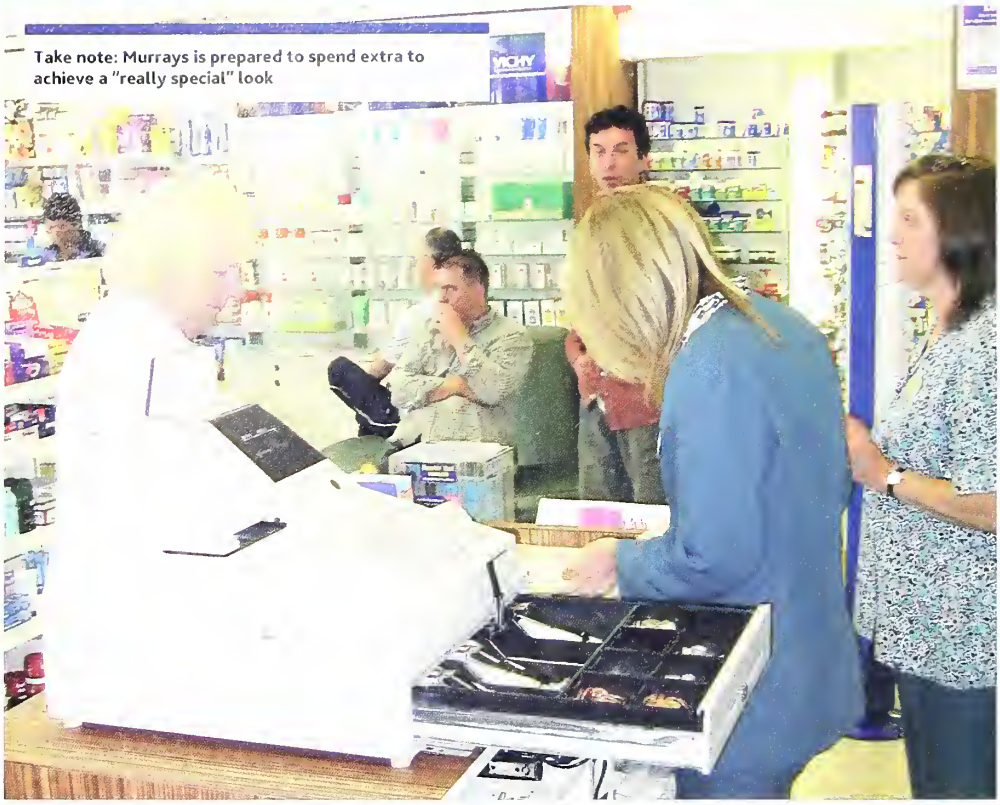
Murrays: the low-down

Then: World War One veteran Cyril Murray set up the first Murrays Pharmacy upon returning from the Western Front in 1920.
The pharmacist, who served on a British army train, opened a site at Tipton in the West Midlands.
Now: The company has expanded to a chain of 25 pharmacies across the Midlands under the stewardship of managing director Duncan Murray.
Turnover: Around £25 million.
Employees: 200+.

Low level gondolas open up the pharmacy to create a spacious feel

Looking ahead: Murrays believes that innovative designs will be key to attracting patients to clinical services

Touch wood: prescriptions have increased 57 per cent since the redesign, says Murrays' Paul Knight



Take note: Murrays is prepared to spend extra to achieve a "really special" look

not located on a busy high street so the range of toiletries is kept small." Mobility products are another key area, says the Murrays chief, and the shop floor features a variety of motorised aids. He adds: "Too many pharmacists fill space up with toiletries because that's what they've always sold. If other retailers were the same, we'd have medieval shops with joints of ham outside the window."

Murrays, argues Mr Knight, is thorough in its approach to excellence. "Fiona and Duncan [Murrays' directors] have almost Victorian values of doing things as well as they can. I know pharmacies that operate out of a shed, but that's not what we're about."

The concept comes at an extra cost, accepts Mr Knight. "I report back to the board and say you could do this site for £80,000. But spend £120,000 and we could make it really special. That extra £40,000 can deliver 10 times as many benefits."

The Market Drayton pharmacy is point in proof of the Murrays philosophy, claims Mr Knight. "Whatever I say about the design, the location next door to a GP surgery is outstanding. Other companies may have decided to cut back on shop fitting costs because of that factor, but our shareholders agreed to invest more so we could do the site better than adequately."

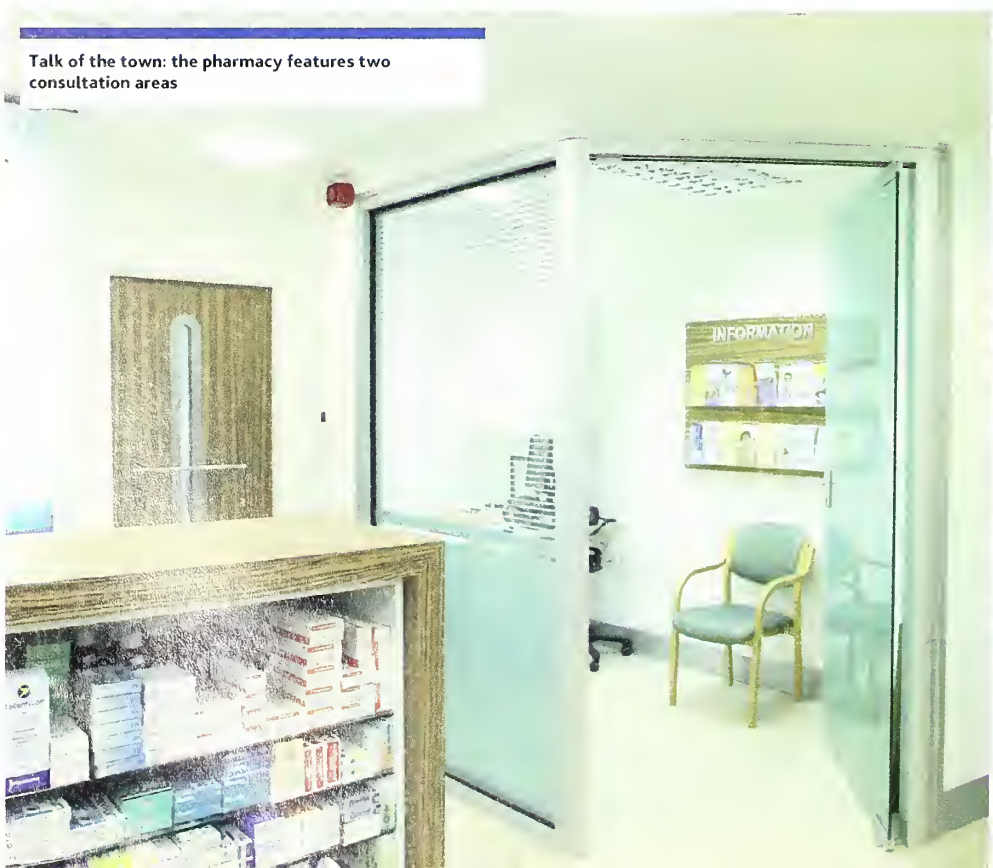
Most pharmacy premises fall victim to a 'cost is king' approach, reflects the Murrays chief. "There are too many places with tatty fittings and tape on the window. There's a standard drab approach to pharmacy design, even some of our own shops look outdated." Even for pharmacies in deprived areas cheap and cheerful should be avoided, argues Mr Knight. "People who live in poor areas shop in some of the finest shopping centres in the UK. Yes, you've got to tune pharmacy design to its clientele. But don't dumb things down. It's patronising."

It's time for pharmacy to abandon some of the stiffness associated with the profession, says Mr Knight. "The public's perception of the profession is changing and we are going to play a greater role in providing healthcare. The problem is we've been restricted by a lack of free thinking. What's wrong with having a coffee shop on the premises if you're based on a busy high street?"

Fashion has come full-circle, reflects Mr Knight. "Our forefathers would offer great advice to patients and that's something we must emulate. And we should have fun while we do it. I'm tired of the eternal cry of 'I'm too busy'. No you are not, it's just a case of not being time efficient."

The design touches

- Niche retailing to meet patients' needs including mobility aids and slipper range.
- Low gondolas to bring a sense of space to the shop floor.
- Soft and natural lighting to create a relaxed ambience.
- A quick consultation area to encourage patients to discuss informal problems with pharmacy staff.



Talk of the town: the pharmacy features two consultation areas

Mobility aids are a big seller for Murrays

Training programme is committed to the success of pharmacy

A pharmacy assistant training programme from C+D and Hamacher will boost the retail skills of pharmacy staff, says Hamacher Resource Group vice-president David Wendland

Pharmacy assistant training has been boosted this year with the C+D 'Retail Skills for Pharmacy Staff' series. Supported by SSL International, the training course has been developed in conjunction with the Hamacher Group. If the name is unfamiliar, this could be because Hamacher is a relatively recent entrant to the UK pharmacy sector. However, it has a long heritage and has built up a wealth of expertise in pharmacy retailing and training.

Hamacher Resource Group was founded in 1980 with a goal of improving productivity of inventory, space and people in pharmacies in the USA. More than 25 years later, the company has achieved a market leadership position as one of the foremost experts in category management and retail healthcare distribution. In 2002, recognising a similar need within the UK, Hamacher established The Hamacher Group Ltd

With the introduction of the new contract for pharmacy, Hamacher is committed to assisting pharmacies to grasp the clinical and economic opportunities that await them with the self-medicating consumer who wants and needs information on over the counter remedies.

Although the company has primarily focused on category management, it has also developed the Retail Skills course for pharmacy staff – recently launched in C+D – aimed at improving the ability of pharmacy staff to effectively interact with consumers and guide healthcare product decisions.

Retail Skills: filling a market void

Customer service, link selling, merchandising and stock management are among the key skills covered in the Retail Skills course that can differentiate a pharmacy in the market and separate winners from losers.

Retail Skills for Pharmacy Staff is a distance learning course from Chemist + Druggist and The Hamacher Group, supported by SSL International, to improve the general retailing skills of pharmacy staff. The programme provides training in core retail areas for all pharmacy staff, especially those who have just completed an MCA training programme, and would be suitable for recently qualified pharmacists with little retail experience.

This training programme truly fills a gap. When it comes to retailing skills, pharmacists and pharmacy owners perhaps have a tougher challenge than any other merchant. Operating in a highly regulated and ethical field, pharmacy is a unique business. Often the pharmacists have not had formalised training in managing staff, merchandising or communicating with patients.

Pharmacy is experiencing increasing demand for prescription drugs and other pharmacy items that often require complex explanation of product attributes and usage. Furthermore, consumers are becoming more aware of the need to take responsibility for their own health and have higher demands for information to help them make informed choices. The ability of pharmacy employees to explain the general characteristics of products and their placement within the pharmacy, as well as to address customer problems, is vital to a pharmacy's success.

Retail Skills for Pharmacy Staff was designed as a blended or multi-faceted approach and combines self-study with practical and easy to implement strategies linked to each module. Beyond completing the modules, the goal is to empower staff to use their enhanced skills in a proactive way, as they become more directly involved with consumer interaction and pharmacy operations. It will also increase their motivation and help them develop their personal careers.

Front shop: focusing on consumers

As a wider choice of products becomes available for consumers to self-medicate, and the new contract supports expanded services and an emphasis on self-care, taking care of the front of shop has never been more crucial. Empowering staff to interact effectively with each customer will also position the pharmacy for long-term success.

Hamacher has worked hard to develop unbiased support programmes that help pharmacies manage an effective range of products, position them effectively on shelf and maintain a clean, up to date front shop. It is the company's belief that as an increasing number of consumers focus on prevention of illness and personal wellbeing, the front of shop operation will become the centrepiece of a successful pharmacy operation.

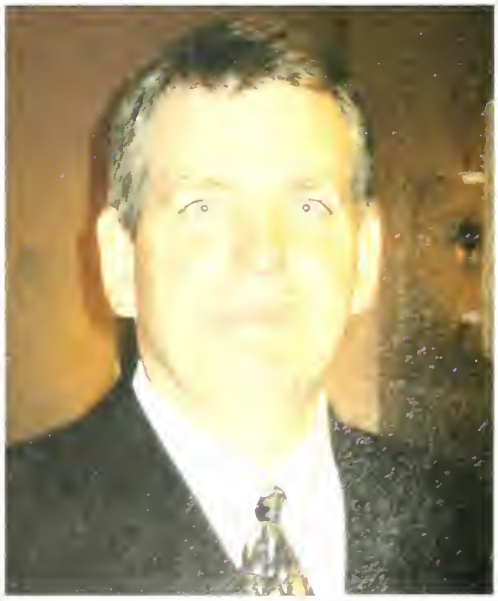
The combination of clear, decisive training tools for pharmacy staff and a display of self-care products make it easier for customers to talk about their medicines and their health behaviour. Evidenced by the new pharmacy contract, pharmacy is well positioned to help guide the customer through information and product selection to become a true healthcare advisor.

The Hamacher Resource Group is headquartered in Milwaukee, Wisconsin with its UK-based offices in Milton Keynes. For more information on Hamacher or its range of services for pharmacy, contact them in the UK at 01908 547845.

For more information on Retail Skills for Pharmacy Staff contact Pauline Sanderson at C+D on 01732 377269

What's included in the programme?

- Ten modules delivered one per month to C+D subscribers.
- Course materials FREE if collected monthly.
- Cost effective – can be shared between staff.
- Perfect for training new employees or enhancing the skills of existing staff.
- Content based on Pharmacy Services NVQ2 – complements MCA course knowledge.



The goal is to empower staff to use their enhanced skills in a proactive way

David Wendland

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Booking and copy date
12 noon Monday prior
to Saturday publication
subject to availability

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F: 0207 921 8130

www.dotpharmacy.co.uk
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Flexible contestants limber up for new pharmacy contract

Delegates bend over backwards to prove versatility of independent sector

Amarbir Johal, a pharmacist at Saffron Lane Pharmacy in Leicester, demonstrated that rubber limbs are an advantage to the independent sector at the annual CAMRx convention held last month at Alton Towers.

Rajni Hindocha, managing director of the pharmacy chain, said: "We included limbo dancing in the agenda as it signifies fitness, adaptability and stamina to enable our members to deal with the new pharmacy contract."

Mr Johal showed off his skills at the Caribbean themed gala dinner at which Baljit Paddan of BJ Chemists, Coventry, was presented with an award for new business development and Harbajan Bains of Bains Pharmacy Healthcare, Staffordshire, received an award for a new contract shop fit. In addition, Veronica Swindale received the award for the supplier who had best supported the CAMRx membership during the last year on behalf of Martindales Specials – Cardinal Health.

Mr Hindocha said CAMRx was meeting the challenges of change in the pharmaceutical industry by evolving from a buying group into a 'pharmacy development group'.

The evolution has already begun as a result of the medicines use review training programme, led by Professor Clare Mackie, which has enabled 200 members to gain accreditation.

Delegates on course for golfing glory

A total of 65 pharmacists from across the UK took part in UniChem's annual golf week at Lake Como, Italy. Delegates stayed at the Palace Hotel and tried to avoid the water while tackling a variety of challenging courses.

Each day's golfing was sponsored by one of UniChem's key suppliers and a winner announced at the end of every day. The eight finalists then battled it out for the UniChem golf week winner's trophy.

"The competition was even hotter than the temperature at times," joked Jeremy Main, sales director at UniChem.

This year's winner was Yogesh Morjaria of Potters Bar, who is pictured (first left) with finalists Roy Gillman, Purgent Patel, Ranu Odedra, Manvir Patel, Chandrakant Patel, Paul Benson and Graham Austin (left to right).

Appointments

Dr Hamish Cameron has been appointed as a director and chief executive of Cambridge Antibody Technology. He joins the company following 20 years at AstraZeneca.

Peter George (pictured) is the new chief operating officer at Penn Pharmaceutical Services. Most recently he was executive vice-president, Europe and Asia Pacific for the Pharma Division of Wolters Kluwer Health.

The new president of the British Medical Association is Professor Parveen Kumar, a practising physician and gastroenterologist at Barts, Royal London and the Homerton Hospitals. At the same time, James Johnson has been re-elected as chairman of council of the BMA for a further year. He has held the post for the past three years.

Mike Wheeler has joined the Department of Health management board as non-executive director. He was a former head of financial advisory services at KPMG and a founder member of the Society of Turnaround Professionals.

Dr Daniel Podolosky has been appointed as a non-executive director of GlaxoSmithKline. He also joins the company's corporate responsibility committee. Dr Podolsky is Mallinkrodt professor of medicine and chief of gastroenterology at Massachusetts General Hospital, as well as chief academic officer of Partners HealthCare System.

Cambridge Laboratories has appointed Dr John Padfield as chairman of the board of directors. He is currently chairman of Optos Plc, NextPharma Technologies Holdings and chairman of the WellChild Trust.

Cegedim UK has added three new members of staff. Louis Beech joins as account manager and takes responsibility for developing accounts and maintaining customer service. Vicky Shelton joins as the company's new training and helpdesk manager, responsible for the training department, and Eva Homolyovà joins as systems configuration specialist.

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With over 50 interactive rides, attractions, live shows and building workshops, not to mention around 53 million LEGO bricks, all set in 150 acres of beautiful parkland near Windsor, LEGOLAND is a unique and exciting family theme park, perfect for children aged 2-12 years. There are four fantastic new attractions for 2006 including the **SpellBreaker 4D** movie and the **Secret of Scorpion Palace** live action show which join established favourites such as **Adventure Land** and **Traffic** (where children of all ages can learn how to drive their own car).

The prize is a LEGOLAND family break for 2 adults and 2 children to be taken between 01 August and 29 October 2006 (subject to availability and date exclusions). It includes overnight accommodation at a 3 star LEGOLAND partner hotel near Windsor, breakfast, a 2 day unlimited family pass to LEGOLAND and a 10% discount for the park's restaurants and shops.

See coupon offer opposite for more information about LEGOLAND breaks operated by holidaysaver

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Rules 1 The competition is open to any pharmacist or permanent member of staff who works at an address which receives either *C&D* or Community Pharmacy. **2** Competitors may enter through *C&D* or Community Pharmacy, but may only submit one entry. Double entry will disqualify both entries. **3** Entries must be on an original coupon from *C&D* or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No alternative holiday nor cash prizes will be offered. **5** Names of winners will be published in *C&D* and Community Pharmacy. **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. **7** Employees of CMP Information Ltd, Holidaysaver and trading divisions and their immediate families are forbidden to enter. **8** No purchase is necessary to participate. **9** The closing date for this month's competition is as printed on the entry coupon.

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